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ABSTRACT

This brief aims to alert educators to the special education needs of migrant children with disabilities. In 1991, the Migrant Student Record Transfer System (MSRTS) identified 711,696 migrant children, ages 0-21. The "at-risk" characteristics of the migrant family's health, working, and living conditions suggest that a representative number of migrant children should be served by special education programs around the country. However, several studies from 1979-90 have consistently shown that disabled migrant children are underidentified for special education services. Questions about the incidence of disabilities among migrant students are confounded by lack of basic information about migrant workers and migrant students. Only 17 state databases use migrant as an identifier. In the MSRTS, the proportion of migrant children reported as disabled rose from less than 1% in 1980-81 to 5.4% in 1989-90, compared to a 10-12% incidence figure for the nation. Recommendations are offered for identifying the special education needs of migrant students, promoting interstate and intrastate communication to ensure continuity of services, addressing the educational needs of disabled migrant students, dropout prevention, parent involvement, and meeting the health needs of migrant students. The drawbacks of categorization and "pullout" programs for at-risk students are discussed. (SV)

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MIGRANT EDUCATION POLICY BRIEF

SPECIAL EDUCATION

Prepared by:

The Interstate Migrant Education Council

September 1992

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IMEC REPORTS

A Policy Report from the Interstate Migrant Education Council

Special Education for Migrant children with disabilities.

The purpose of this brief is to alert educators to the special education needs of migrant children with disabilities. Since its inception in 1976 the Interstate Migrant Education Council (IMEC) has been aware of the detrimental affects of substandard health services, living conditions, and the resultant educational problems posed by the migrant lifestyle. The consequences of this lifestyle, particularly on migrant children's performance in school, and the education system's failure to adequately respond to the migrant family's mobile lifestyle led Congress to create the Migrant Education program as part of the Elementary and Secondary Education Act-Title I, in 1967. Since that time the federally funded migrant education program has granted assistance to states for purposes of providing supplemental education services to migrant students.

Substantial progress has been made nationally on behalf of the migrant student population over the years. For example, the Migrant Attrition Project (Levy, 1987) reported a reduction in the migrant dropout rate from over 90% in 1974 to 45% in 1987. Nonetheless, while the Council has seen improvements in many areas, services for migrant children with disabilities, who have been described as a "minority within a minority" (Lopez, 1986) have been more difficult to accomplish.

DEMOGRAPHICS OF THE MIGRANT STUDENT POPULATION

A precise national figure for the census of migrant workers and their families has not been made available by any of the agencies which keep count of migrant families because of the varying definitions used. Figures available from the Departments of Health, Labor, and Education, among others, estimate the population to range from 2 to 6 million. Because of this wide range of estimates in the universe of migrants it is difficult to determine what proportion of the population is being served in education or Head Start, for example. The lack of precise census information also complicates the process of determining need and service delivery issues for migrant families.

From the standpoint of education, information available from the Migrant Student Record Transfer System (MSRTS) in Little Rock, Arkansas provides a general picture of students who are identified and participating in the Chapter 1 program. The MSRTS is a national data base for retrieval, storage and transmittal of student information among programs participating in the Migrant Education Program. Information available from MSRTS for the 1991 school year reveals the following about migrant children:

- Migrant Children Identified and Enrolled on MSRTS ages 0-21.... 711,696

- Children qualified by Age and Status to be funded..... 682,269

- Children served by the program.. 533,401

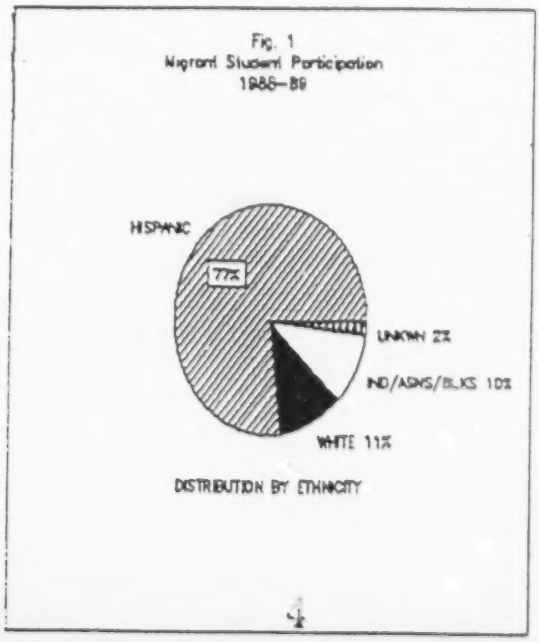
According to regulations established by the Office of Migrant Education, eligibility requirements for participation in the Chapter 1 program is determined according to priorities given to various classifications of migratory status. The classification of migrant workers is according to migratory status (currently vs formerly), movement pattern (intrastate vs interstate), and type of employment (agricultural, fishing or dairy workers). A currently migratory child is one whose parent or guardian is a migratory worker who has moved within the past 12 months from one school district to another to enable the child's guardian, or a member of the immediate family to obtain temporary or seasonal employment. A formerly migratory child, also called a resettled migrant, is a child who was eligible to be counted and served as a currently migratory child within the past five years, but is not now a currently migratory child.

CHARACTERISTICS OF THE MIGRANT STUDENT POPULATION

The most recent demographic data available on the migrant student population is available from the Office of Migrant Education (January 1992). This data reflect student participation patterns for 1988-'89, and reveal the following:

PARTICIPATION BY ETHNIC GROUP

The largest ethnic group, with 77 percent of the participants, was classified as Hispanic. The next largest ethnic group was white, not Hispanic, at 11 percent. The remaining groups--American Indian or Alaska Native, Asian or Pacific Islander, and black, not Hispanic--each constituted less than 5 percent of the total. Two percent of the participants were classified as race unknown/other. (See Fig. 1)

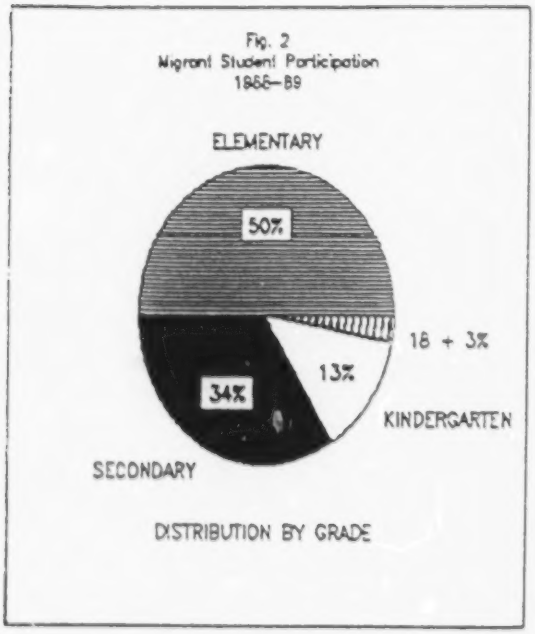


PARTICIPATION BY MIGRANT STATUS

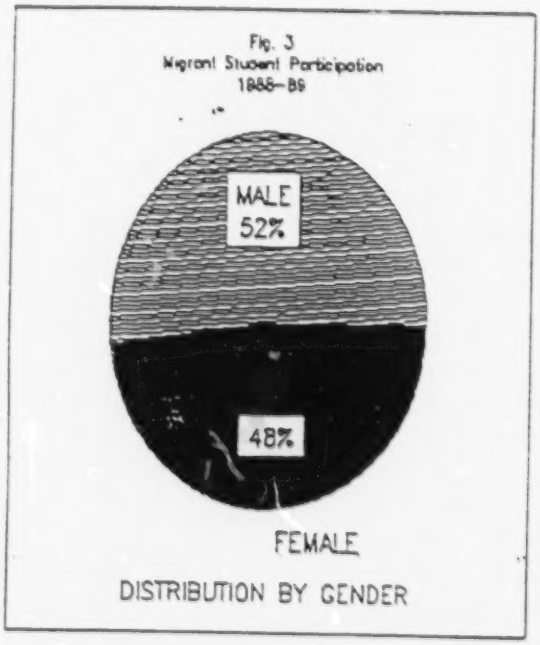
Forty-eight percent of the participants were agricultural settled out (formerly migrant), 33 percent agricultural interstate (currently migrant across states), and 15 percent agricultural intrastate (currently migrant within a state). Fishers composed 4 percent of the total.

PARTICIPATION BY GRADE AND GENDER

One-half of the migrant education program participants were born between 1977-82, the years that can be considered to contain children of elementary school age. Thirty-four percent were born between 1971-1976, the years that can be considered to contain children of secondary school age. Thirteen percent of the participants were born in the years 1983 to 1989, which can be considered to contain children eligible for kindergarten or younger. Participants born in 1966 through 1970, i.e. those that can be considered to be 18 years and older, constituted only 3 percent of the participants. (See Fig. 2)



Fifty-two percent of the migrant education program participants were male and 48 percent were female. (See Fig. 3)



PARTICIPATION PATTERNS BY GRADE AND TERM

An important distinction to make in understanding the migrant student population is that the federally funded program provides states with Chapter 1 funds which are used to provide supplemental education services in the **regular** and **summer** terms. In 1988-89, there were 333,042 migrant education participants in the regular term and 125,427 in the summer term.

In the **regular** school term the largest concentration of participants was in grades 1-6 (54 percent), followed by 21 percent in grades 7-9, and 12 percent in pre-kindergarten and kindergarten, and grades 10-12. Ungraded participants accounted for 1 percent of the total.

The largest number of participants in the **summer** term was in grades 1-6 (57 percent), followed by 21 percent in pre-kindergarten and kindergarten, 13 percent in grades 7-9 and 7 percent in grades 10-12. Ungraded participants composed 3 percent of the total.

HEALTH RELATED FACTORS

A 1979 report on migrant health produced by the then Interstate Migrant Education Task Force, (1979, Unpublished Report) found that the health needs of migrant children were an area of vital concern particularly as these needs relate to successful participation in education programs. A sample of some of the findings reported at that time revealed the following health characteristics of young migrant children:

1) They have a poor record of immunization and dental care;

2) The height and weight measurements of a sizable proportion of migrant children show the stunting effects of poor or marginal nutrition;

3) The health histories and physical examinations reflect the synergistic interaction of marginal nutrition, diarrhea, chronic respiratory and parasitic infections, as well as exposure to repeated accidents and injury;

4) Singly, and in combination with higher-than-average incidence of vision and hearing problems, poor health and nutritional status have a cumulative effect on the children's development;

5) Together with frequent changes of residence that deprive them of health care and followup, and lack of exposure to the English language, those health problems are apt to lead to difficulties in school. (Interstate Migrant Education Task Force, 1979)

It has been over ten years since the Task Force reviewed health related information yet, little

seems to have changed in the interim. In 1991 the Migrant Clinicians Network reported the results of a study of migrant and seasonal farmworkers living and working in the United States. The study concluded as follows:

> ...their demographic patterns, socioeconomic conditions, life-style characteristics, and disease categories reflect agrarian **third world conditions** rather than those of the most powerful and affluent nation in the world. Clearly, the migrant population is at greater risk and suffers more problems than the general population of the U.S. The results of this research demonstrate the need for more services, and treatment. (Emphasis added, MCN, April 1991)

The U.S. General Accounting Office released a report in February 1992 which confirmed much of what had been written previously. The GAO report summarized its findings by concluding that:

> ...Hired farmworkers go into fields sprayed with pesticides, but many have no knowledge of the specific chemicals they are exposed to or the potential health effects. Field sanitation on many small farms may be inadequate, constituting a serious health hazard to hired farmworkers on those farms. **Young children** are permitted to operate tractors and do other hazardous farm work. In addition, they may be more susceptible than adults to the harmful effects of pesticides. Many hired farmworkers, particularly migrant farmworkers, may not get the health care they need because they do not receive medical assistance from medicare and Migrant Health. (Emphasis added, OMB, February 1992)

Although these health findings are both dramatic and alarming it is not the purpose of this brief to explore these issues. Rather the purpose is to demonstrate the link between a) the demographics and life style of migrant families; to, b) the health conditions; to, c) the presence of disabilities which affect the children's education.

The position maintained by the Task Force in 1979, which is equally relevant today, is that it is difficult to effectively educate migrant children if they are sick, hungry, poorly clothed or housed, or if any members of their families, particularly their parents, are ill. Further, the Task Force reasoned that there is a relationship between the children's early health status and the incidence of handicapping conditions. If a child has, for example, a chronic middle ear infection (otitis media) which results in hearing loss then it stands to reason that that child may not do as well in school as a child who does not have a hearing loss. The basic premise of the Task Force's reasoning was that there is a significant relationship between the health status of the child and his subsequent performance in school. One would also anticipate that because of the "at risk" characteristics of the migrant family's working, health, and living conditions that there would or should be a representative number of migrant students identified and served in special education programs around the country.

The Task Force found that approximately 10 percent of the general student population nationally were being served in special education programs. The Task Force was startled to find that no

specific data could be found for the migrant student population. Migrant student data was not available from the U.S. Department of Education, MSRTS, nor did many states maintain records on migrant students enrolled in special education. The best estimates at that time suggested that migrant students with disabilities comprised 1 to 3 percent of those served in special education. The Task force concluded that migrant children were under-identified and under-served as compared to the general student population.

As a consequence of the early findings on the needs of migrant children with disabilities the Task Force, which was now reconstituted into the Interstate Migrant Education Council (IMEC), organized a national policy forum in 1984. The policy workshop was conducted in San Antonio, Texas. Over 200 participants from migrant, special, bilingual, and regular education convened to examine the needs of these children. Participants also included practitioners as well as decision makers from the spectrum of federal, state and local government officials. This cooperative endeavor sought to raise awareness, stimulate interagency cooperation, and recommend strategies for assisting these students.

A host of recommendations was developed at the San Antonio forum including a recommendation that the MSRTS code for such children be expanded to provide more detailed information about the student's disability and service status. The revised MSRTS record also contained a place wherein receiving districts could contact sending districts for a student's Individualized Education Plan (IEP). Other recommendations generated at the Forum spoke to the need for better coordination, increased awareness, formation of state coordinating councils, and parental involvement. Some of the immediate outcomes included replication of the Forum in California, agreements between migrant and special education in some states, and provision of federal grants to carry out specific projects for this population of children.

Although the Council's previous efforts have borne some fruit it has now become evident that much remains to be done to insure access and equitable education opportunities for these students. A review of current data seems to support the contention that migrant students with disabilities, the new term used in the law, continue to be under-identified and under-served. This need was brought to the Council's attention by a group of migrant parents who participated in a Council luncheon in 1989. Parents of a child with multiple handicaps described the frustration, disappointment, bureaucratic buck-passing, and insensitivity of educators to the child's needs as they traveled through several states working the fields.

DATA BASE QUESTIONS

Reynolds and Salend (1990) reported that while some other groups from ethnic and racial minorities tend to be over identified in terms of special education needs this is not the case with migrant students. These authors report that although federal guidelines suggest that approximately 12 percent of students within a specific group will be designated as disabled, data from states indicate that only 1.7 percent (California, 1985) to 3 percent (Oregon, 1986) of migrant students are being identified as eligible for special education services. Reynolds and Salend also report that migrant students with disabilities who are identified receive special

education much later in their school careers than their non-migrant counterparts.

Questions regarding the incidence of disabilities among the migrant student population are confounded by several factors:

First- The overall universe of migrant workers and their children is not known;

Second- The proportion of children who participate in the migrant education program is unknown although it has been estimated that approximately 50 percent of eligible children are identified and served;

Third- Information regarding the proportion of migrant students with disabilities who participate in various school programs such as the regular school program, Chapter 1 Basic, or Chapter 1 Migrant is unavailable;

Fourth- Migrant students, or migrant as an identifier, is used in only seventeen state database systems according to a study by Decision Resources Corporation (1988). Thirty - two databases were found at the state and local levels. Of the 32 databases seventeen (53%) contain information on participation by migrant education students in other special programs. Nationally, the 17 databases computes to only 34 percent which track migrant student participation in special programs. Another revealing finding in the DRC study is that only 13 of the databases identified describe whether migrant students receive special education services. This latter finding computes to a national percentage, if databases existed in all states, of 26 percent.

The DRC study reports that nearly half of the databases (15 of 32) use the Migrant Student Record Transfer System identifier. Given the lack of available data from other sources what can be learned from the MSRTS database ? Table 1 provides information concerning the actual number of students (unduplicated count) for the period 1980 through 1989. These are national figures representing the total student count and the disabled student count for this period. It is revealing to see that less than one percent of the total student count in the MSRTS were identified as disabled in 1980 and '81.

TABLE 1

MSRTS Unique Count of Migrant Children Reported as Disabled by School Year (Regular term) 1980-1990

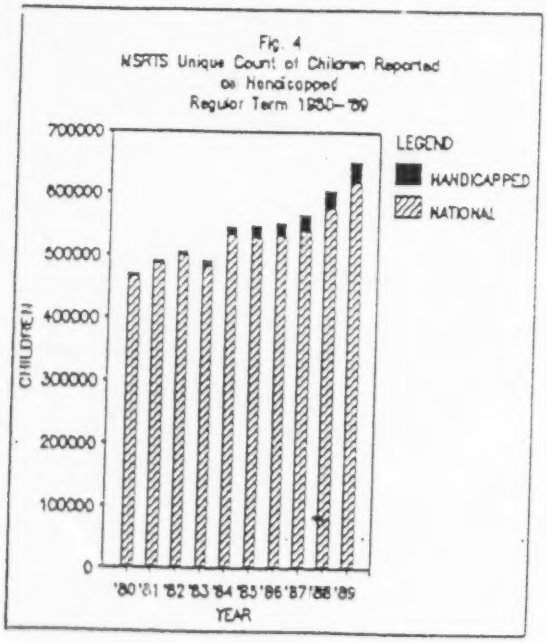
School Year	Unique Count	Natl. Unique Count	% Disabled
80-81	38	467,057	< 1 %
81-82	162	489,251	< 1 %
82-83	5,973	501,328	1.19 %
83-84a	10,325	483,741	2.13 %
84-85	13,261	534,242	2.48 %
85-86b	17,473	530,856	3.29 %
86-87	22,570	531,812	4.24 %
87-88	25,289	541,381	4.67 %
88-89	28,986	578,208	5.01 %
89-90	33,517	620,432	5.40 %

a - Special education contact and the supplemental code were added to the student education record.

b - Expanded special education contact section added to record.

It is evident from the number of students with special education information entered on the record that there was a fifty-fold increase from 1981 to 1982. This is the period of time in which the Council began planning activities leading up to the National Forum. It is also noteworthy that the addition of the code to the record may have encouraged migrant educators to begin to focus some attention on these children. An increase of 100 percent in the number of students with coded information is evident between 1985 and 1989 the period immediately following the National Forum. These increases may be attributable, in part, to migrant educator's awareness, the inclusion of the special education code as part of the MSRTS training, and heightened understanding among special educators. The numbers are significant for another reason, however, note the proportion of migrant students identified who have special education information participating in the migrant education program. The percent of such students ranges from less than one percent in 1980 to slightly over five percent in 1989. The 5.4 percent figure

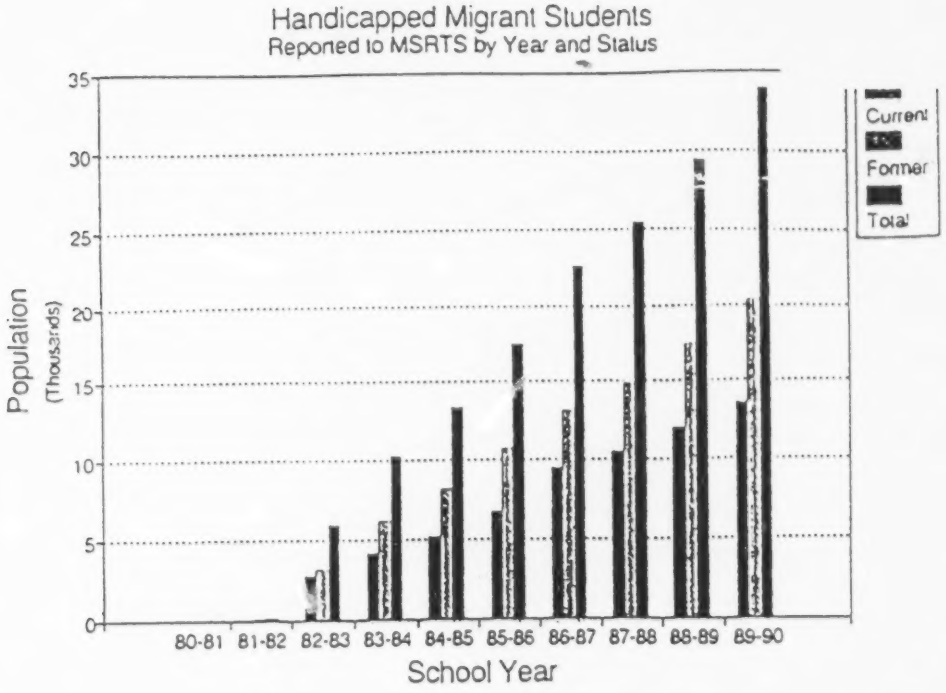
in 1989 is still considerably lower than the 10 to 12 percent incidence figure for the nation. Figure 4 illustrates the pattern of identification of migrant children with disabilities as a proportion of the overall MSRTS student count. (See Fig 4).



The disparity between migrant student participation rates compared to national averages is confounded however because of the following factors: a) the precise universe of migrant students nationally is not known; b) the proportion of migrant students with disabilities is not available; c) many migrant students with disabilities may participate in special education but not migrant education and vice versa; d) students with disabilities may be left at home when families migrate from home base states thus, they would not be identified and enrolled as part of the migrant education program in receiving states. These and other questions should be examined as part of the next phase of activities on behalf of this population of children.

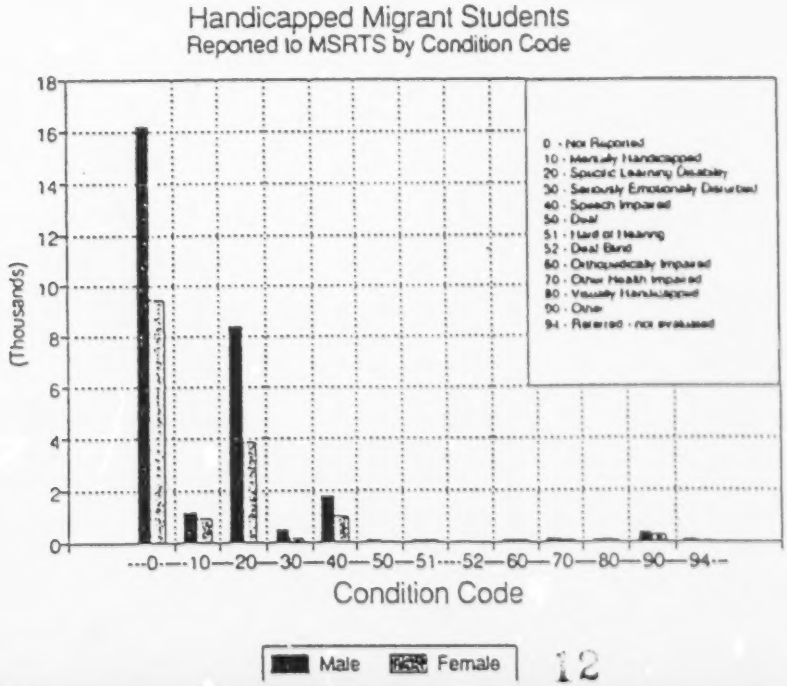
A summary of information available on migrant students with disabilities recorded on the MSRTS was presented by the System's Director, Troy Rinker, in 1991. Rinker's presentation was made as part of the Council's Summer meeting and reflects data available from the 1990 school year. Figure 5 illustrates the gradual increase in students reported to the System by year and status. It appears from this information that settled out students are reported at a rate slightly higher than students classified as "currently" ie. those who are actively moving. This information also parallels that reported in Fig. 4 wherein an increase of reported students is evident from 1982 through 1990. The growth has been fairly steady moving from slightly over 5,000 students in 1983 to close to 35,000 students in 1990.

FIGURE 5



Disabled students, reported on the MSRTS for 1990 by condition code are reflected in Figure 6. The largest proportion of conditions recorded, unfortunately, is the "not reported" category. The next most often reported categories are Specific Learning Disability and Speech Impaired. The lack of condition codes on the vast majority of the students makes it difficult to compare these figures with national incidence figures for the various categories although the trend appears to match that evident in the general school population.

FIGURE 6



A study performed by the National Association of State Directors of Migrant Education (NASDME) - Issues Committee (Kane and Trevino, September, 1989, Draft, Unpublished Report) also examined the incidence of disabled students in one large state. The question addressed in the study was " How well are migrant handicapped and gifted and talented students identified and served; and what improvements might be made in this area ?" The study noted that part of the problem in addressing this question is that states have different requirements for reporting data on these students. Another area of difficulty identified was that these students may be receiving services which may or may not be migrant funded, yet, such data is not recorded on the MSRTS. While acknowledging these difficulties, and "short of conducting a national survey" the study analyzed extant MSRTS data from 1988. The report conceded that any analysis of MSRTS data is bound to yield tenuous, fairly inconclusive information. The primary conclusion of this study was that MSRTS data on talented and gifted and disabled students is seriously lacking.

The procedure in the study was to analyze computer tapes from the 1988 full time equivalency (FTE) report. Only students who were enrolled in school during the calendar year were incorporated. MSRTS data relating only to Special Education Contact information or Supplemental Programs was examined for the target population. The Contact Data, as noted previously, is what MSRTS provides so that receiving schools are alerted to the special education needs of the child. The Supplemental Programs information is used to record whether the child is enrolled and participating in a special education program and whether the program is migrant funded.

The results of the study mirror those of others reported previously. A summary of some of the principal findings follows:

- ...there were 530,677 migrant students enrolled in calendar year 1988...Following general population patterns at least 5% or approximately 26,534 students should show up as gifted and talented. The Special Education population, on the other hand, should be around 10% or approximately 53,067 students.

- Only 13,506 students show up with Special Education Contact Data...The total number of such students comprises only 2.5% of the total enrollment, implying an under count of approximately 39,561 students, or 7.5%.

Another important finding in the study was that only three percent of the students having special education contact information were actually participating in a special education program.

> ...of the 13,506 students with Special Education Data, approximately 13,153 (97%) are not reported as participating in a handicapped program.

The report does caution however, that many of the students in the above group may be receiving special education services but the information is not being reported to MSRTS.

While inconclusive and subject to the constraints mentioned above the 1989 study does offer some valuable insights into the migrant population. Recommendations set forth that speak to disabled students included:

> Increase state efforts to both identify and report a student's participation in special education;
>
> Develop a flag system to make sure that identifying a Special Education student triggers other entries such as Special Education Contact Data, EH Linkage, Supplemental Programs;
>
> A set of periodic reports should be developed which would list identified students who are not reported as receiving appropriate services (that is, not enrolled in special education).

CURRENT ISSUES

Reynolds and Salend (1990) examined issues and programs in the delivery of special education services to migrant students with disabilities and offered some concrete suggestions on how services to this population could be improved. A summary of their recommendations is presented below. Each of the recommended steps is preceded by the issue or barrier under consideration.

Identifying the special education needs of migrant students

In order to identify migrant students in need of special education services, educators should use appropriate assessment procedures that address the needs of migrant students. Appropriate assessment for migrant students should include the following: a) determining the student's language and cultural background, b) considering adaptive behavior, c) examining data in the migrant Student Record Transfer System, d) identifying the student's medical and dental needs, e) involving parents, f) interviewing teachers, g) using curriculum based assessment, and, h) building a network of community agencies. Once students have been identified, it is important that assessment information be forwarded to all school districts and community agencies that serve the student throughout the year.

Promoting interstate and intrastate communication to ensure the continuity of services

The transfer of records and duplication or omission of needed services are major difficulties in providing services to a mobile population. Transfer of records is especially important in ensuring the continuity of services to migrant students with disabilities as eligibility criteria, and available services may vary from county to county and state to state. The need for interstate cooperation is partly addressed by the Migrant Student Record Transfer System.

Addressing the educational needs of migrant students with disabilities

Because migrant students often enter school behind their non-migrant peers, early intervention programs are needed. One early intervention program for disabled and non-disabled migrant children is the Migrant Head Start program.

Individual Education Plans (IEPs) for migrant students should be developed by multidisciplinary teams so they address the unique educational needs of migrant students. Among the participants who should be involved in development of the student's IEP are the regular educatio teacher, the parent, the migrant educator, and the bilingual or English as a Second Language (ESL) instructor. Because of the unique language and cultural needs of many migrant students with disabilities their IEP should include a language of instruction, as well as teaching strategies, curricula, materials, and reinforcers that are consistent with the student's cultural, linguistic, and experiential background.

The goal of high school graduation must be foremost when developing IEP objectives for migrant students. During the elementary years, instruction should be concentrated on bringing mathematics and reading skills to grade level. On the secondary level, migrant students, like all students, need skills that will serve them beyond high school.

Preventing migrant students from dropping out

Reynolds and Salend's comments concerning this issue are helpful in understanding some of the underlying characteristics of students prone to leave school. These characteristics are even more significant when viewed in relation to a migrant student who also happens to be disabled.

Many factors have been identified as being correlated with the likelihood of dropping out. Factors associated with dropouts include a) being a member of an ethnic or racial minority group, b) having been retained one grade, c) having a low socioeconomic status, d) possessing a low self-concept and externalized locus of control, and e) lacking a strong motivational support system at home. While these characteristics can not be interpreted as causal, they are often descriptive of migrant youth and students with disabilities. Thus, the susceptibility to dropping out is increased by membership in both groups.

The authors identify various programs which have been initiated to encourage migrant students to remain in school including: College Assistance Migrant Program (CAMP), Challenging Options in Career Education (CHOICE), Migrant Dropout Reconnection Program (MDRP), High School Equivalency Program (HEP), and the Portable Assisted Study Sequence (PASS).

Involving migrant parents in the educational process

Migrant education federal funding requirements mandate that migrant education programs establish a Parent Advisory Committee (PAC). PACs are designed to facilitate the inclusion of migrant parents in shaping the educational programs that serve the children. To involve parents, PACs ask migrant parents to assist in the development of educational programs, assess the efficacy of educational programs, and offer recommendations to improve educational programs.

Meeting the health, medical, and dental needs of migrant students

Educators can take several steps to address the health and medical needs of migrant students with disabilities. When migrant students enter a new school, a member of the school health care team should conduct a health screening exam to identify existing medical conditions and document the student's health history. Periodically, school health personnel should see migrant students to examine them for conditions that are more common to migrant students such as parasitic infections, dermatitis, respiratory, eye, and gastrointestinal ailments. School health personnel also can train teachers to be aware of the prevalent health problems of migrant students.

A final area of concern with respect to migrant children with disabilities discussed in the Reynolds/Salend report points out the need for training of special educators. The authors note that there is a shortage of trained, qualified personnel to work with these students. In calling attention to this important area Reynolds and Salend identify several promising programs seeking to train special education personnel. Some of the programs mentioned include the development of a field based training program within a traditional special education training program to prepare special educators to work with migrant students with disabilities. This program is funded by the US Office of Special Education and Rehabilitative Services and is being carried out at the State University of New York. Another training program, also located in New York at the State University at Potsdam, is the Migrant Educators' National Training Outreach (MENTOR) program.

SPECIAL EDUCATION AND SCHOOL RESTRUCTURING

While all signs continue to point to the under-identification and under-representation of migrant children with disabilities in special education, educators and other providers should proceed with caution. The pendulum could swing to the other extreme and result in an over-representation of migrant children in special education classrooms. The object of efforts on behalf of migrant children with disabilities should aim to achieve a balance in terms of needs, identification and provision of services. One measure of achievement of this goal would be to assess where migrant children stand in relation to the purposes of the Individuals with Disabilities Education Act (IDEA). The US Department of Education (1991) summarizes the purposes of the Act as follows:

1) To assure the availability of early intervention services to all infants and toddlers with disabilities, and a free appropriate public education to all children and youth

with disabilities;

2) To assure the rights of children and youth with disabilities from birth through 21 and their families are protected;

3) To assist States and localities to provide for early intervention services and the education of all children with disabilities; and

4) To assess and assure the effectiveness of efforts to provide early intervention services and educate children with disabilities.

Another important consideration however, is to protect against segregating migrant or any other children with disabilities from the mainstream population and opportunities. The drawbacks of "pull out" programs are numerous. The Council of Chief State School Officers (CCSSO, 1992) issued a special report outlining the relationship of special education to school restructuring. Among the problems cited in the report was the finding that a substantial number of disabled children have been improperly placed in separate centers.

> These violations to the IDEA Least Restrictive Environment requirement will continue to occur as long as special education and general education continue to operate independently...The widespread, growing school restructuring movement provides special education an opportunity, if not responsibility, to establish a critical link to regular education. (CCSSO, 1992)

The CCSSO report discusses several "tragic outcomes" of the current system of special education including the failure of nearly one-third of disabled students in at least one of their courses. Also, thirty-eight percent of the students were exempted from taking the minimum competency exam; of the remaining 62 percent who took the test, less than half passed the whole exam. Given these findings the report comments that it should be no surprise that two-thirds of disabled Americans between the ages of 16 and 64 are unemployed and the poverty rate for the disabled is two times that of the whole country.

Another important topic of the CCSSO report is the concept of categorization, as it applies not only to disabled children but other at-risk children as well, could be counterproductive to improvement of instructional services for these students. Among the children placed at risk are children with a variety of disabilities, economically and educationally disadvantaged children, children whose primary home language is not English, children of migrant workers and children with behavior problems. Many of these "categories" of children are eligible for some type of instructional support under particular federal and state education programs. The outcome of this process is that these categorical programs rely heavily upon pull out procedures to provide supplemental services. The impact of such an approach is evident to even the least casual observer. The CCSSO report comments as follows:

> Ironically, the structure and requirements of the federal and state "categorical" programs, which are intended to improve instructional services for at-risk youngsters, may actually

inhibit the development of flexible, regular classroom-based services necessary for an effective educational program. (CCSSO, 1992, p.2)

SUMMARY AND NEXT STEPS

The needs of migrant children with disabilities, and indeed for migrant children in general, must be balanced with the restructuring movement occurring in various parts of the nation. The Interstate Migrant Education Council seeks to enhance educational opportunities for migrant children within the framework of educational opportunities available to all children whether disabled or not. Moreover, migrant children who are disabled, constitute a group of students who are oftentimes disenfranchised, not only from general education, but special education as well.

The Council has determined that the issue of special education services should be revisited to stimulate awareness among policy makers, program administrators and educators. To achieve this aim the Council will carry out a survey among state migrant education programs. The purpose of the survey will be to assess the degree of implementation of recommendations developed at the San Antonio forum in 1984. Further, the Council will convene a task force comprised of representatives from migrant, special, bilingual, and regular education to identify strategies aimed at addressing the issues outlined in this report.

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Interstate Migrant Education Council

MIGRANT EDUCATION REPORT

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July 1992

IMEC ISSUES POLICY REPORT ON SPECIAL EDUCATION

A comprehensive report aimed at alerting educators, lawmakers and the public to the special education needs of migrant children with disabilities has been published by the Interstate Migrant Education Council.

According to Dr. Jim L. Gonzales, senior policy analyst for IMEC and author of the report, the detrimental effects of substandard health services, living conditions and the resultant educational problems posed by the migrant lifestyle are particularly severe for migrant children with disabilities.

Since IMEC was founded in 1976, meeting the special education needs of migrant children has been a major focus of the organization's efforts. "When we began to look at the needs of these children in the mid-1970s, we found that they were underidentified and underserved," Gonzales said. "In 1984, IMEC held a national policy workshop on the needs of migrant handicapped children, which generated a host of recommendations. We need to revisit and revise those recommendations."

Following is a summary of IMEC's *Policy Brief on Special Education*. Copies of the report are available from the IMEC office.

HEALTH-RELATED FACTORS

A 1979 report on migrant health produced by the Interstate Migrant Education Task Force (since reconstituted as IMEC), found that the health needs of migrant children were an area of vital concern, particularly as these needs relate to successful participation in education programs. A sample of some of the findings reported at that time revealed the following health characteristics of young migrant children:

1) They have a poor record of immunization and dental care;

2) The height and weight measurements of a sizable proportion of migrant children show the stunting effects of poor or marginal nutrition;

3) The health histories and physical examinations reflect the synergistic interaction of marginal nutrition, diarrhea, chronic respiratory and parasitic infections, as well as exposure to repeated accidents and injury;

4) Singly, and in combination with higher-than-average incidence of vision and hearing problems, poor health and nutritional status have a cumulative effect on the children's development;

5) Together with frequent changes of residence that deprive them of health care and followup, and lack of exposure to the English language, those health problems are apt to lead to difficulties in school.

It has been over ten years since the Task Force reviewed health-related information, yet little seems to have changed in the interim. In 1991, the Migrant Clinicians Network reported the results of a study of migrant and seasonal farmworkers living and working in the United States. The Study concluded as follows:

> . . . their demographic patterns, socioeconomic conditions, lifestyle characteristics and disease categories reflect agrarian *third world conditions* rather than those of the most powerful and affluent nation in the world. Clearly, the migrant population is at greater risk and suffers more problems than the general population of the US. The results of

this research demonstrate the need for more services and treatment.

The U.S. General Accounting Office released a report in February 1992 which confirmed much of what had been written previously. The GAO report summarized its findings by concluding that:

> . . . Hired farmworkers go into fields sprayed with pesticides, but many have no knowledge of the specific chemicals they are exposed to or the potential health effects. Field sanitation on many small farms may be inadequate, constituting a serious health hazard to hired farmwokers on those farms. *Young children* are permitted to operate tractors and do other hazardous farm work. In addition, they may be more susceptible than adults to the harmful effects of pesticides. Many hired farmworkers, particularly migrant farmworkers, may not get the health care they need because they do not receive medical assistance from Medicare and Migrant Health.

Although these health findings are both dramatic and alarming, it is not the purpose of this brief to explore these issues. Rather, the purpose is to demonstrate the link between: a) the demographics and lifestyle of migrant families; to, b) the health conditions; to, c) the presence of disabilities which affect the children's education.

The position maintained by the Task Force in 1979, which is equally relevant today, is that it is difficult to effectively educate migrant children if they are sick, hungry, poorly clothed or housed, or if any members of their families, particularly their parents, are ill. Further, the Task Force reasoned that there is a relationship between the children's early health status and the incidence of handicapping conditions. If a child has, for example, a chronic middle ear infection (otitis media) which results in hearing loss, then it stands to reason that child may not do as well in school as a child who does not have a hearing loss. The basic premise of the Task Force's reasoning was that there is a significant relationship between the health status of the child and his or her subsequent performance in school. One would also anticipate that because of the "at risk" characteristics of the migrant family's working, health, and living conditions that there would or should be a representative number of migrant students identified and served in special education programs around the country.

Early work by the Task Force in 1978 revealed that approximately 10 percent of the student population nationally was being served in special education programs. Conversely, The Task Force was startled to find that no specific data could be found for the migrant student population. Migrant student data was not available from the U.S. Department of Education, Migrant Student Record Transfer System (MSRTS), nor did many states maintain records on migrant students enrolled in special education. The best estimates at that time suggested that migrant students with disabilities comprised 1 to 3 percent of those served in special education. The Task Force concluded that migrant children were *under-identified* and *under-served* as compared to the general student population.

As a consequence of the early findings on the needs of migrant children with disabilities, IMEC organized a national policy forum in 1984 in San Antonio, Texas. Over 150 participants from migrant, special, bilingual, and regular education convened to examine the needs of these children. Participants also included practitioners as well as decision makers from the spectrum of federal, state and local government officials. This cooperative endeavor sought to raise awareness, stimulate interagency cooperation, and recommend strategies for assisting these students.

A lengthy list of recommendations was developed at the San Antonio forum, including a recommendation that the MSRTS code for such children be expanded to provide more detailed information about the student's disability and service status. The revised MSRTS record also contained a place wherein receiving districts could contact sending districts for a student's Individualized Education Plan (IEP). Other recommendations generated at the Forum spoke to the need for better *coordination, increased awareness, formation of state coordinating councils*, and *parental involvement*. Some of the immediate outcomes included replication of the Forum in California, agreements between migrant and special education is some states, and provision of federal grants to carry out specific projects for this population of children.

Although the Council's previous efforts have generated some results, it has now become evident that much remains to be done to insure access and equitable education opportunities for these students. A review of current data seems to support the contention that migrant students with disabilities, the new term used in the law, continue to be under-identified and under-served. This need was brought to the Council's attention by a group of migrant parents who participated in a Council luncheon in 1989. Parents of a child with multiple handicaps described the frustration, disappointment, bureaucratic buck-passing, and insensitivity of educators to the child's needs as they traveled through several states working the fields.

DATABASE QUESTIONS

Reynolds and Salend (1990) reported that while some other groups from ethnic and racial minorities tend to be overidentified in terms of special education needs, this is not the case with migrant students. These authors report that although federal guidelines suggest that approximately 12 percent of students within a specific group will be designated as disabled, data from states indicate that only 1.7 percent (California, 1985) to 3 percent (Oregon, 1986) of migrant students are being identified as eligible for special education services. Reynolds and Salend also report that migrant students with disabilities who are identified receive special education much later in their school careers than their non-migrant counterparts.

Questions regarding the incidence of disabilities among the migrant student population are confounded by several factors:

- The overall universe of migrant workers and their children is not known;
- The proportion of children who participate in the migrant education program is unknown although it has been estimated that approximately 50 percent of eligible children are identified and served;
- Information regarding the proportion of migrant students with disabilities who participate in various school programs such as the regular school program, Chapter 1 Basic, or Chapter 1 Migrant is unavailable;
- Migrant students, or migrant as an identifier, is used in only seventeen state database systems according to a study by Decision Resources Corporation (1988).

Thirty-two databases were found at the state and local levels. Of the 32 databases, seventeen (53%) contain information on participation by migrant education students in other special programs. Nationally, the 17 databases computes to only 34 percent which track migrant student participation in special programs. Another revealing finding in the DRC study is that only 13 of the databases identified describe whether migrant students receive special education services. This latter finding computes to a national percentage, if databases existed in all states, of 26 percent.

The DRC study reports that nearly half of the databases (15 of 32) use the Migrant Student Record Transfer System identifier. Given the lack of available data from other sources, what can be learned from the MSRTS database? Table 1 provides information concerning the actual number of students (unduplicated count) for the period 1980 through 1989. These are national figures representing the total student count and the disabled student count for this period. It is revealing to see that less than one percent of the total student count in the MSRTS was identified as disabled in 1980 and '81.

TABLE 1

MSRTS Unique Count of Migrant Children Reported as Disabled by School Year (Regular term) 1980-1990

School Year	Unique Count	National Unique Count	% of Disabled
80-81	38	467,057	< 1%
81-82	162	489,251	< 1%
82-83	5,973	501,328	1.19%
83-84a	10,325	483,741	2.13%
84-85	13,261	534,242	2.48%
85-86b	17,473	530,586	3.29%
86-87	22,570	531,812	4.24%
87-88	25,289	541,381	4.67%
88-89	28,986	578,208	5.01%
89-90	33,517	620,432	5.40%

a – *Special education contact and the supplemental code were added to the student education record.*

b – *Expanded special education contact section added to record.*

It is evident from the number of students with special education information entered on the record that there was a fifty-fold increase from 1981 to 1982. This is the period of time in which the Council began planning activities leading up to the National Forum. It is also noteworthy that the addition of the code to the record may have encouraged migrant educators to begin to focus some attention on these children. An increase of 100 percent in the number of students with coded information is evident between 1985 and 1989, the period immediately following the National Forum. These increases may be attributable, in part, to migrant educators' awareness, the inclusion of the special education code as part of the MSRTS training, and heightened understanding among special educators. The numbers are significant for another reason, however. Note the proportion of migrant students identified who have special education information participating in the migrant education program. The percent of such students ranges from less than one percent in 1980 to slightly over five percent in 1989. The 5.4 percent figure in 1989 is still considerably lower than the 10 to 12 percent incidence figure for the nation.

The disparity between migrant student participation rates compared to national averages is

confounded because of the following factors: a) the precise universe of migrant students nationally is not known; b) the proportion of migrant students with disabilities is not available; c) many migrant students with disabilities may participate in special education but not migrant education and vice versa; d) students with disabilities may be left at home when families migrate from home-base states. Thus, they would not be identified and enrolled as part of the migrant education program in receiving states. These and other questions should be examined as part of the next phase of activities on behalf of this population of children.

A summary of information available on migrant students with disabilities recorded on the MSRTS was presented by the System's Director, Troy Rinker, in 1991. Mr. Rinker's presentation was made as part of IMEC's summer meeting and reflects data available from the 1990 school year. It appears from this information that settled out students are reported at a rate slightly higher than students classified as "currently," i.e. those who are actively moving. This information also parallels that reported in Fig. 1, wherein an increase of reported students is evident from 1982 through 1990. The growth has been fairly steady, moving from slightly over 5,000 students in 1983 to close to 35,000 students in 1990.

Disabled students, reported on the MSRTS for 1990 by *condition code* are reflected in Figure 2. The largest proportion of conditions recorded, unfortunately, is the "not reported" category. The next most often reported categories are Specific Learning Disability and Speech Impaired. The lack of condition codes on the vast majority of the students makes it difficult to compare these figures with national incidence figures for the various categories, although the trend appears to match that evident in the general school population.

A study performed by the Texas Education Agency for the National Association of State Directors of Migrant Education (NASDME) – Issues Committee (Sept. 1989, Draft, Unpublished Report) also examined the incidence of disabled students. The question addressed in the Texas study was "How well are migrant handicapped and gifted and talented students identified and served; and what improvements might be made in this area?" The study noted that part of the problem in addressing this question is that states have different requirements for reporting data on these students. Another area of difficulty identified was that these students may be receiving services which may or may not be migrant funded, yet, such data is not recorded on the MSRTS. While acknowledging these difficulties, and "short of conducting a national survey" the Texas study analyzed extant MSRTS data from 1988. The report conceded that any analysis of MSRTS data is bound to yield tenuous, fairly inconclusive information. The primary conclusion of this study was that MSRTS data on talented and gifted and disabled students is seriously lacking.

The procedure in the Texas study was to analyze computer tapes from the 1988 full time equivalency (FTE) report. Only students who were enrolled in school during the calendar year were incorporated. MSRTS data relating only to Special Education Contact information or Supplemental Programs was examined for the target population. The Contact Data, as noted previously, is what MSRTS provides so that receiving schools are alerted to the special education needs of the child. The Supplemental Programs information is used to record whether the child is enrolled and participating in a special education program and whether the program is migrant funded.

The results of the Texas study mirror those of others reported previously. A summary of some of the principal findings follows:

- . . . there were 530,677 migrant students enrolled in calendar year 1988 . . . Following general population patterns at least 5% or approximately 26,534 students should show up as gifted and talented. The Special Education population, on the other hand, should be around 10% or approximately 53,067 students.
- Only 13,506 students show up with Special Education Contact Data . . . The total number of such students comprises only 2.5% of the total enrollment, implying an under count of approximately 39,561 students, or 7.5%.

Another important finding in the study was that only three percent of the students having special education contact information were actually participating in a special education program.

> . . . of the 13,506 students with Special Education Data, approximately 13,153 (97%) are not reported as participating in a handicapped program.

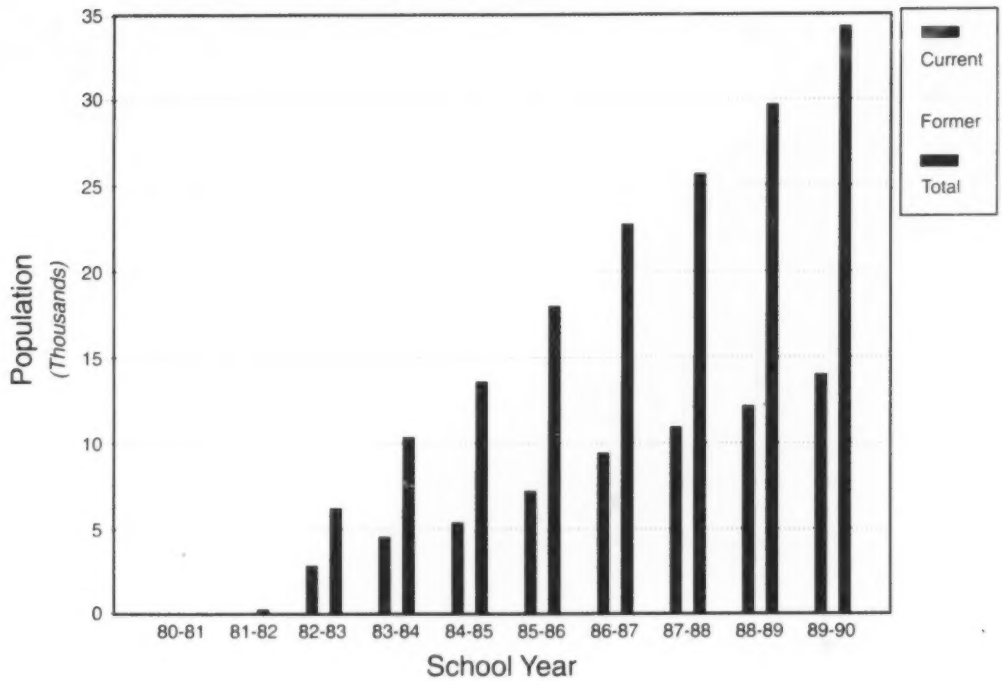
The report does caution, however, that many of the students in the above group may be receiving special education services, but the information is not being reported to MSRTS.

While inconclusive and subject to the constraints mentioned above, the Texas study does offer some valuable insights into the migrant population. Recommendations set forth that speak to disabled students included:

Figure 1

Handicapped Migrant Students

Reported to MSRTS by Year and Status



- Increase state efforts to both identify and report a student's participation in special education;
- Develop a flag system to make sure that identifying a Special Education student triggers other entries such as Special Education Contact Data, EH Linkage, Supplemental Programs;
- A set of periodic reports should be developed which would list identified students who are not reported as receiving appropriate services (that is, not enrolled in special education).

CURRENT ISSUES

Reynolds and Salend (1990) examined issues and programs in the delivery of special education services to migrant students with disabilities and offered some concrete suggestions on how services to this population could be improved. A summary of their recommendations is presented below. Each of the recommended steps is preceded by the issue or barrier under consideration.

Identifying the special education needs of migrant students

In order to identify migrant students in need of special education services, educators should use appropriate assessment procedures that address the needs of migrant students. Appropriate assessment for migrant students should include the following: a) determining the student's language and cultural background; b) considering adaptive behavior; c) examining data in the migrant Student Record Transfer System; d) identifying the student's medical and dental needs; e) involving parents; f) interviewing teachers; g) using curriculum-based assessment; and h) building a network of community agencies. Once students have been identified, it is important that assessment information be forwarded to all school districts and community agencies that serve the student throughout the year.

Promoting interstate and intrastate communication to ensure the continuity of services

The transfer of records and duplication or omission of needed services are major difficulties in providing services to a mobile population. Transfer of records is especially important in ensuring the continuity of services to migrant students with disabilities as eligibility criteria, and available services may vary from county to county and state to state. The need for interstate cooperation is partly addressed by the Migrant Student Record Transfer System.

Addressing the educational needs of migrant students with disabilities

Because migrant students often enter school behind their non-migrant peers, early intervention

programs are needed. One early intervention program for disabled and non-disabled migrant children is the Migrant Head Start program.

Individual Education Plans (IEPs) for migrant students should be developed by multidisciplinary teams so they address the unique educational needs of migrant students. Among the participants who should be involved in development of the student's IEP are the regular education teacher, the parent, the migrant educator, and the bilingual or English as a Second Language (ESL) instructor. Because of the unique language and cultural needs of many migrant students with disabilities, their IEP should include a language of instruction, as well as teaching strategies, curricula, materials, and reinforcers that are consistent with the student's cultural, linguistic, and experiential background.

The goal of high school graduation must be foremost when developing IEP objectives for migrant students. During the elementary years, instruction should be concentrated on bringing mathematics and reading skills to grade level. On the secondary level, migrant students, like all students, need skills that will serve them beyond high school.

Preventing migrant students from dropping out

Reynolds and Salend's comments concerning this issue are helpful in understanding some of the underlying characteristics of students prone to leave school. These characteristics are even more significant when viewed in relation to a *migrant* student who also happens to be *disabled*.

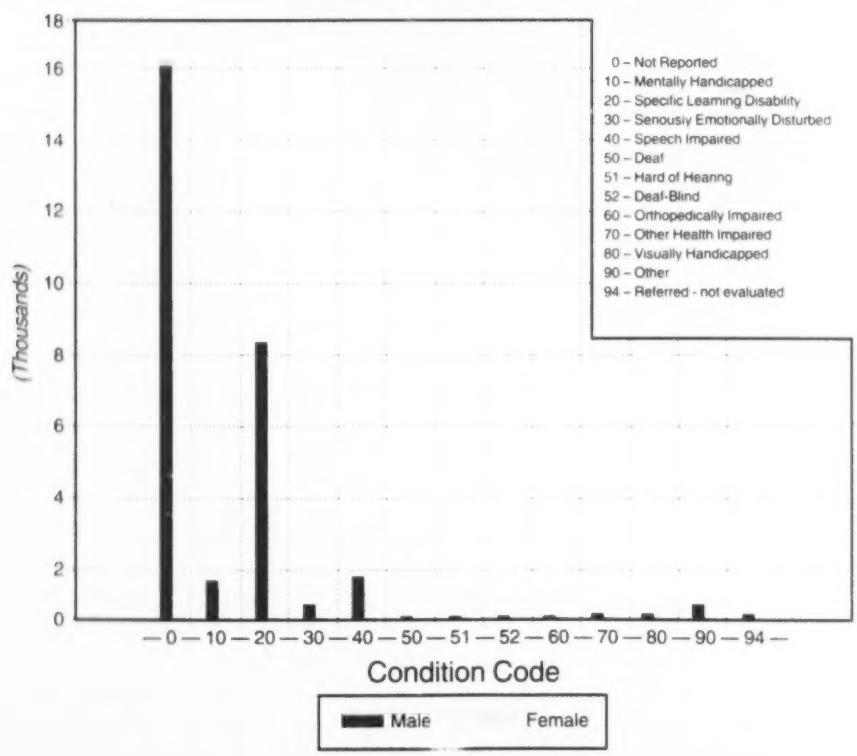
Many factors have been identified as being correlated with the likelihood of dropping out. Factors associated with dropouts include: a) being a member of an ethnic or racial minority group; b) having been retained one grade; c) having a low socioeconomic status; d) possessing a low self-concept and externalized locus of control; and e) lacking a strong motivational support system at home. While these characteristics cannot be interpreted as causal, they are often descriptive of migrant youth and students with disabilities. Thus, the susceptibility to dropping out is increased by membership in both groups.

The authors identify various programs which have been initiated to encourage migrant students to remain in school including: College Assistance Migrant Program (CAMP); Challenging Options in Career Education (CHOICE); Migrant Dropout

Figure 2

Handicapped Migrant Students

Reported to MSRTS by Condition Code



Reconnection Program (MDRP); High School Equivalency Program (HEP); and the Portable Assisted Study Sequence (PASS).

Involving migrant parents in the educational process

Migrant education federal funding requirements mandate that migrant education programs establish a parent Advisory Committee (PAC). PACs are designed to facilitate the inclusion of migrant parents in shaping the educational programs that serve the children. To involve parents, PACs ask migrant parents to assist in the development of educational programs, assess the efficacy of educational programs, and offer recommendations to improve educational programs.

Meeting the health, medical and dental needs of migrant students

Educators can take several steps to address the health and medical needs of migrant students with disabilities. When migrant students enter a new school, a member of the school health care team should conduct a health screening exam to identify existing medical conditions and document the student's health history. Periodically, school health personnel should see migrant students to examine them for conditions that are more common to migrant students, such as parasitic infections, dermatitis, respiratory, eye, and gastrointestinal ailments. School health personnel also can train teachers to be aware of the prevalent health problems of migrant students.

A final area of concern with respect to migrant children with disabilities discussed in the Reynolds/Salend report points out the need for training of special educators. The authors note that there is a shortage of trained, qualified personnel to work with these students. In calling attention to this important area, Reynolds and Salend identify several promising programs seeking to train special education personnel. Some of the programs mentioned include the development of a field-based training program within a traditional special education training program to prepare special educators to work with migrant students with disabilities. This program is funded by the US Office of Special Education and Rehabilitative Services and is being carried out at the State University of New York. Another training program, also located in New York at the State University at Potsdam, is the Migrant Educator's National Training Outreach (MENTOR) program.

SPECIAL EDUCATION AND SCHOOL RESTRUCTURING

While all signs continue to point to the under-identification and under-representation of migrant children with disabilities in special education, educators and other providers should proceed with caution. The pendulum could swing to the other extreme and result in an over-representation of migrant children in special education classrooms. The object of efforts on behalf of migrant children with disabilities should aim to achieve a balance in terms of needs, identification and provision of services. One measure of achievement of this goal would be to assess where migrant children stand in relation to the purposes of the Individuals with Disabilities Education Act (IDEA). The US Department of Education (1991) summarizes the purposes of the Act as follows:

1) To assure the availability of early intervention services to all infants and toddlers with disabilities, and a free appropriate public education to all children and youth with disabilities;

2) To assure the rights of children and youth with disabilities from birth through 21 and their families are protected;

3) To assist States and localities to provide for early intervention services and the education of all children with disabilities; and

4) To assess and assure the effectiveness of efforts to provide early intervention services and educate children with disabilities.

Another important consideration, however, is to protect against segregating migrant or any other children with disabilities from the mainstream population and opportunities. The drawbacks of "pull out" programs are numerous. The Council of Chief State School Officers (CCSSO, 1992) issued a special report outlining the relationship of special education to school restructuring. Among the problems cited in the report was the finding that a substantial number of disabled children have been improperly placed in separate centers.

> These violations to the IDEA Least Restrictive Environment requirement will continue to occur as long as special education and general education continue to operate independently . . . The widespread, growing school restructuring movement provides special education an opportunity, if not responsibility, to establish a critical link to regular education (CCSSO, 1992).

The CCSSO report discusses several "tragic outcomes" of the current system of special education, including the failure of nearly one-third of

disabled students in at least one of their courses. Also, thirty-eight percent of the students were exempted from taking the minimum competency exam; of the remaining 62 percent who took the test, less than half passed the whole exam. Given these findings, the report comments that it should be no surprise that two-thirds of disabled Americans between the ages of 16 and 64 are unemployed and the poverty rate for the disabled is two times that of the whole country.

Another important topic of the CCSSO report is the concept of *categorization*, as it applies not only to disabled children but other at-risk children as well, which could be counterproductive to improvement of instructional services for these students. Among the children placed at risk are children with a variety of disabilities, economically and educationally disadvantaged children, children whose primary home language is not English, children of migrant workers and children with behavior problems. Many of these "categories" of children are eligible for some type of instructional support under particular federal and state education programs. The outcome of this process is that these categorical programs rely heavily upon pull out procedures to provide supplemental services. The impact of such an approach is evident to even the casual observer. The CCSSO report comments as follows:

> Ironically, the structure and requirements of the federal and state "categorical" programs, which are intended to improve instructional services for at-risk youngsters, may actually inhibit the development of flexible, regular classroom-based services necessary for an effective educational program (CCSSO, 1992, p.2).

SUMMARY AND NEXT STEPS

The needs of migrant children with disabilities, and indeed for migrant children in general, must be balanced with the restructuring movement occurring in various parts of the nation. The Interstate Migrant Education Council seeks to enhance educational opportunities for migrant children within the framework of educational opportunities available to all children, whether disabled or not. Moreover, migrant children who are disabled constitute a group of students who are oftentimes disenfranchised, not only from general education, but special education as well.

The Council has determined that the issue of special education services should be reexamined to stimulate awareness among policy makers, program administrators and educators. To achieve this aim, the Council will carry out a survey among state migrant education programs. The purpose of the survey will be to assess the degree of implementation of recommendations developed at the San Antonio forum in 1984. Further, the Council will convene a task force comprised of representatives from migrant, special, bilingual, and regular education to identify strategies aimed at addressing issues outlined in this report.

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